## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10/083568

|                                                                                                                                                                                                                                                                                                                     | Ortinu                                         | etion                                     |                                    | (Column 1) (Column 1)                  |            |                  | SMALL ENTITY TYPE |                   |                        | OR      | OTHER THAN SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------|----------------------------------------|------------|------------------|-------------------|-------------------|------------------------|---------|-------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                     | TOTAL CLAIMS                                   |                                           |                                    |                                        |            |                  | ] .               | RATE              | FEE                    |         | RATE                    | FEE                    |
| F                                                                                                                                                                                                                                                                                                                   | OR                                             |                                           | NUMBER FILED                       |                                        | NUMB       | NUMBER EXTRA     |                   | BASIC FE          | E 150.00               | OR      | BASIC FEI               | 300.00                 |
|                                                                                                                                                                                                                                                                                                                     | OTAL CHARGE                                    | m                                         | minus 20= *                        |                                        |            |                  | X\$ 25=           |                   | OR                     | X\$50=  |                         |                        |
| ₩—                                                                                                                                                                                                                                                                                                                  | DEPENDENT (                                    |                                           | minus 3 =                          |                                        |            |                  | X100=             |                   | OR                     | X200=   |                         |                        |
| L                                                                                                                                                                                                                                                                                                                   | ULTIPLE DEPE                                   | PRESENT                                   | ENT                                |                                        |            |                  | +180=             |                   | OR                     |         |                         |                        |
| 1-1                                                                                                                                                                                                                                                                                                                 | f the differenc                                | less than z                               | s than zero, enter "0" in column 2 |                                        |            | - 1              | TOTAL             | 49 L              | OR                     | TOTAL   |                         |                        |
| 9                                                                                                                                                                                                                                                                                                                   | -6-06                                          |                                           |                                    |                                        |            |                  |                   |                   | ENTITY                 | OR      | OTHER                   |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHE<br>NUMB<br>PREVIOU<br>PAID F     | ER<br>USLY | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | 1.5                                       | Minus                              | - 30                                   | ) .        | <b>-</b> 0       | 11                | X\$ 25=           |                        | OR      | X\$50=                  | \ /                    |
| AM                                                                                                                                                                                                                                                                                                                  | Independent<br>FIRST PRESI                     | ENTATION OF M                             | Minus                              | PENDENT                                | CLAIM      | = ()             |                   | X100=             |                        | OR      | X200=                   | V                      |
| <b>ال</b>                                                                                                                                                                                                                                                                                                           |                                                | '                                         | +180=                              |                                        | OR         | +360=            |                   |                   |                        |         |                         |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                                    |                                        |            |                  |                   | TOTAL<br>DDIT FEE |                        | OR      | TOTAL<br>ADDIT, FEE     | 1                      |
| ·                                                                                                                                                                                                                                                                                                                   | (Column 1) (Column 2) (Column 3)               |                                           |                                    |                                        |            |                  |                   |                   |                        |         |                         |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHE:<br>NUMBE<br>PREVIOL<br>PAID FO  | ER<br>JSLY | PRESENT<br>EXTRA |                   | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | •                                         | Minus                              | ,                                      |            | E                |                   | X\$ 25=           |                        | OR      | X\$50=                  |                        |
|                                                                                                                                                                                                                                                                                                                     | Ind pendent                                    | NTATION OF MU                             | Minus :                            | ***                                    |            | =                |                   | X100=             |                        | OR      | X200=                   |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                | NATION OF MI                              | CLIPLE DEF                         | PENDENI: C                             | LAIM       |                  |                   | +180=             |                        | OR      | +360=                   |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                                    |                                        |            |                  |                   | TOTAL<br>DIT. FEE |                        | OR A    | TOTAL<br>DDIT, FEE      |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                | (Column 1)                                |                                    | . (Column                              | 2) (       | Column 3)        |                   |                   | •                      |         |                         |                        |
| WEN                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHES<br>NUMBE<br>PREVIOU:<br>PAID FO | FI<br>SLY  | PRESENT<br>EXTRA |                   |                   | ADDI-<br>TONAL<br>FEE  |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | •                                         | Minus                              | **                                     | · _  -     |                  | <b></b> >         | (\$ 25≃           |                        | OR      | X\$50=                  |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    | •                                         | Minus                              | ***                                    |            |                  | 1                 | (100=             |                        | - F     | X200=                   |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                    |                                        |            |                  | -                 |                   | <del></del> -          | OR      | ~£UU=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                               |                                                |                                           |                                    |                                        |            |                  |                   |                   |                        |         |                         |                        |
| Total or In the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column.1. |                                                |                                           |                                    |                                        |            |                  |                   |                   |                        |         |                         |                        |
|                                                                                                                                                                                                                                                                                                                     | ne Highest Numi                                | ber Previously Paid                       | For (Total or                      | Independent)                           | is the hi  | ghest number     | found             | in the appr       | opriate box            | in colu | TIN.1.                  |                        |